



**District of Columbia  
Health Information Exchange  
Policy Board Meeting  
Special Session on Sustainability**

Thursday, August 24, 2017  
11:00 AM – 1:00 PM

Location:  
One Judiciary Square  
441 4<sup>th</sup> Street, NW  
Main St. Conference Room, 10<sup>th</sup> Floor  
Washington, DC 20001

**Board Members  
(Invitees):**

**Members present (4):**

Angela Diop, ND (Unity Health Care, Inc.); Erin Holve (DC Department of Health Care Finance) – *Board Chair*; Donna Ramos-Johnson (DC Primary Care Association) – *Board Vice Chair*; Alison Rein (AcademyHealth);

**Members present via teleconference (6):**

Kelly Cronin (The Office of National Coordinator); Victor Freeman, MD (JA Thomas & Associates); Zach (Aaron) Hettinger (National Center for Human Factors in Healthcare/MedStar); Pete Stoessel (AmeriHealth); James Turner (Health IT Now Coalition); Barney Krucoff (DC Office of the Chief Technology Officer);

**Members absent (11):**

Christian Barrera (Office of Deputy Mayor for Health and Human Services); Edwin Chapman, MD (Private Practice and Leadership Council for Healthy Communities); Mary Jones-Bryant, RN (District of Columbia Nurses Association); Brady Birdsong (DC Department of Behavioral Health); Dena Hasan (DC Department of Human Services); Brian Jacobs, MD (Children’s National Medical Center); LaQuandra Nesbitt, MD (DC Department of Health); Justin J. Palmer, MPA (DC Hospital Association); Claudia Schlosberg (DC Department of Health Care Finance); Brian Sivak (Robert Wood Johnson Foundation and Civic Hall); Eliot Sorel, MD (Medical Society of the District of Columbia);

**DHCF/HCRIA/HIE Staff present (5):** DaShawn Groves; Eduarda Koch; Noah Smith; Deniz Soyer; Joe Weissfeld

**Guests (5):** Scott Afzal (CRISP); Nicole Kemper (Clinovations GovHealth); Hank Rogers (Clinovations GovHealth); Anita Samarth (Clinovations GovHealth); Allison Viola (Kaiser Permanente Information Technology)

**AGENDA**

**Call to Order, Roll Call &  
Announcement of Quorum**  
[11:00 - 11:05 AM]

Board Chair, Dr. Holve, called the meeting to order at 11:07 AM.  
  
Dr. Holve announced quorum at 11:10 AM.  
  
Dr. Holve notified the Board that the meeting was being recorded.

**Review Sustainability Special  
Session Meeting Goals**

**DC HIE Mission and Purpose**  
Dr. Holve reviewed the meeting agenda and the purpose of the meeting. She reminded the Board of the DC HIE mission.

<p>[11:05 – 11:15 AM]</p> <ul style="list-style-type: none"> <li>• DC HIE Mission and Purpose</li> <li>• Set Goals for Obtaining Member Feedback</li> </ul>	<p>Dr. Holve also reviewed DHCF’s “stair step” model toward managing population health risk, which emphasizes the importance of aligning the District’s value based purchasing efforts and health information technology investments. The model addresses that as we move along the continuum of value based purchasing, from fee-for-service to global payments, there are three critical building blocks: (1) health IT &amp; health information exchange; (2) quality measurement; and (3) care coordination. The Learning Action Network’s categories for alternative payment models are also included along this framework as the District’s managed care organizations (MCO) will have new requirements around payment methodology in the upcoming new five-year MCO contracts. Dr. Holve emphasized that the main takeaway from the Policy Board is that HIE is needed to support the new payment models.</p> <p>Dr. Holve briefly reviewed guiding principles and the components of HIE.</p> <p>Ms. Rein reviewed status updates on the proposed board activities. She reminded the Board that the long-term stakeholder engagement plan and high-level sustainability plan were originally scheduled to be completed in September, but have been postponed to December.</p> <p>Ms. Rein also reminded the Board of DHCF’s goal to utilize the 2018 SMHP revision as an opportunity to reframe the conversation on HIT/HIE in the District. She discussed leveraging the stakeholder outreach as part of sustainability subcommittee to inform the development of the plan. Ms. Rein also reviewed the District’s HIE/HIT historical timeline emphasizing key milestones between 2008 and the present.</p> <p><b><u>Set Goals for Obtaining Member Feedback</u></b></p> <p>Ms. Rein reviewed expectations and format of today’s special session. HIE Policy Board members were asked to: 1) discuss and provide feedback on stakeholder findings; 2) discuss and provide feedback on the State Medicaid Health IT Plan (SMHP) and Health IT Roadmap approach; and 3) provide input to the sustainability subcommittee. The Board was asked to consider whether findings aligned with their knowledge of the DC health system, if any key stakeholder perspectives were missing, and how we should prioritize the next stage of stakeholder outreach. Ms. Rein also asked the Board to provide input on two additional Sustainability Subcommittee deliverables: 1) long-term stakeholder engagement plan; and 2) high-level sustainability plan.</p>
<p><b><u>Present Summary of Stakeholder Findings</u></b> [11:15 - 12:00 PM]</p> <ul style="list-style-type: none"> <li>• Background and Methodology</li> <li>• Key Findings Interviews &amp; Focus Groups</li> <li>• Discussion on Findings</li> <li>• Board Feedback on Key Findings and Input on Focus Areas</li> </ul>	<p><b><u>Background and Methodology</u></b></p> <p>Ms. Rein provided an overview of sustainability subcommittee goals, which are to: 1) determine a strategy for DC HIE financial sustainability beyond the sun-setting of HITECH funding; and 2) identify value drivers that could incentivize public and private-sector stakeholders to support health information exchange in the District. Ms. Rein also provided background on the two-fold intent of stakeholder outreach: 1) inform the Board about ways that the DC HIE could add value for core stakeholders in the District; and 2) generate specific use-cases demonstrating value.</p> <p>Ms. Rein recapped the stakeholder outreach methodology. Ms. Rein explained that DHCF had identified synergies between SMHP stakeholder outreach and sustainability subcommittee outreach work and decided to combine these efforts. Ms. Rein emphasized that outreach was informed, in part, by stakeholders</p>

identified by the HIE Policy Board and that the interviews and focus groups consisted of outreach questions developed by the sustainability subcommittee.

To date, twenty-three interviews and three focus groups have been conducted representing fifteen stakeholder categories. Two interviews and two focus groups will be completed in August/September. The interviews served to evaluate the current state of HIT and HIE utilization, such as data exchange priorities, collection of social determinants of health data, and barriers experiences. The interviews also assess HIT and HIE priorities of the next 5 years, greatest opportunities for HIE in the District, and other topics and relevant needs.

Ms. Rein stated that someone from the sustainability subcommittee was present for the policy-board identified stakeholder interviews. Additional interviews were conducted with a primary interviewer and notetaker present from DHCF and the Clinovations GovHealth team, respectively. Ms. Rein asked the Board review and consider whether any stakeholders had been overlooked for inclusion in the interviews. The Board was asked to provide feedback to help ensure that all relevant stakeholder groups had been contacted for interviews.

**Key Findings, Discussion and Feedback on Interviews & Focus Groups**

Ms. Samarth reviewed the key takeaways from the interviews and focus groups. Overall, providers and care partners view HIE is valuable and critical to delivering safe and effective care, but there is some frustration with prior unfulfilled HIE initiatives. There is an interest in having strong leadership and sustained results. Ms. Samarth also emphasized that stakeholders kept asking, “What is DC HIE?” This demonstrates the need to develop succinct answers and a clear definition to address this question. It also demonstrates a need to work on education and messaging.

Ms. Samarth stated that patient focus groups were convened with assistance from the Trusted and AmeriHealth managed care plans. Patients in these groups expressed concerns regarding the collection of some social determinants of health (SDOH) data and whether it would create treatment bias. However, there was also an understanding among patients that SDOH data would be valuable for both providers and patients. Ms. Samarth stated that Clinovations GovHealth will be conducting an additional patient focus group with residents of Wards 7 and 8.

Ms. Samarth stated that providers overwhelmingly expressed a need for ambulatory notes, operative notes, discharge summary, and other encounter information to flow through the HIE. In addition, providers identified a need for vitals and demographic information to also be connected to the HIE. There is an interest among providers for continuous monitoring of chronic conditions, such as hypertension. Additional data points that were requested included medication information, pharmacy information, school absenteeism, care team information, and insurance eligibility. Behavioral health, long-term care, EMS, and community services were identified as care partners that should be connected to the HIE.

Ms. Samarth stated that the SMHP will include special focus areas, including SDOH, telemedicine and remote monitoring, and registry as well as enhanced patient management information. The Board briefly discussed the importance of including immunization data and bi-directional transmission of this data. The Board also discussed issues surrounding inconsistencies in how data is population and transmitted.

	<p>Ms. Samarth briefly discussed the barriers to HIE. Operational and maintenance costs serve as the primary barrier. Findings also revealed that Medicaid providers who resist EHR adoption need low-cost HIE alternatives. The Board to discussed types of lower cost connectivity that can be made available for providers who are paper-based and transmit information.</p> <p>The Board also discussed the need for greater behavioral health connectivity, provider readiness, and the existing infrastructure that would enable connectivity. Ms. Ramos-Johnson mentioned the importance of connecting primary care providers to behavioral health data, because such access can enable improvements in transitions of care.</p> <p>Ms. Samarth also discussed requirements for making HIE data usable. Currently, much of the landscape involves moving data and information, but analytics generally do not serve as a current function or service. The level of readiness for analytics also vary between larger organizations and smaller facilities.</p> <p>Ms. Samarth guided the Board through the Health Information Exchange Framework, which consists of four constructs: 1) access – can you capture or access data electronically? 2) exchange – can you send and receive data? 3) use – can you use the data? and 4) improve – can you use data to improve health? These constructs will be used to organize current and future HIE activities within the SMHP document. Ms. Samarth emphasized the need for data to support ongoing measurement and monitoring as well as improving efficiency, care delivery, and health. Ms. Samarth also highlighted stakeholder findings pertaining to provider data needs to enable care improvement, such as longer lookbacks in data, data to allow interagency coordination of care, pharmacy data to track medication compliance, and data that would allow better homeless patient monitoring.</p> <p>Dr. Hettinger voiced his support toward prioritizing HIE integration. ENS integration into the Cerner EHR at MedStar has enhanced the ease with which this information is transmitted and viewed. Ms. Cronin suggested identifying the proportion of Medicaid practices that are non-EHR adopters as this could be helpful in addressing connectivity barriers as well as developing policies and future incentives. Ms. Ramos-Johnson described the extensive connectivity outreach that has been occurring in the Wards 7 and 8. Incentive opportunities have allowed providers to become more engaged. There is still a need to define a way to engage providers who are resistant to EHR adoption.</p>
<p><b>Discuss SMHP Plan</b> [12:00-12:45 PM]</p> <ul style="list-style-type: none"> <li>• SMHP Overview &amp; Status Update</li> <li>• Preview of SMHP Organization &amp; HIT Roadmap</li> <li>• Goals for 9/21 HIE Policy Board Meeting</li> <li>• Board Feedback on Approach for Framing Health IT Principles &amp; Health IT Roadmap Goals</li> </ul>	<p><b><u>SMHP Overview &amp; Status Update</u></b></p> <p>Ms. Kemper provided an overview of the SMHP, which is the strategic planning document for the District’s health IT initiatives. The document will serve to ensure that DHCF, CMS, and the District’s stakeholders have aligned goals and priorities. It will also establish a roadmap and plan for the District’s HIT/E projects. Ms. Kemper described the environmental scan that was conducted in addition to the stakeholder engagement efforts. The document will provide an analysis of findings from these efforts and inform the HIT/E strategic plan.</p> <p><b><u>Preview of SMHP Organization &amp; HIT Roadmap and Board Feedback</u></b></p> <p>Ms. Kemper reviewed the structure for the SMHP document, which is organized around DHCF’s four guiding principles to increase value of healthcare in the</p>

	<p>District: 1) Expand Access; 2) Improve Quality; 3) Promote Health Equity; and 4) Enhance Value and Efficiency.</p> <p>Ms. Kemper discussed today's challenges and tomorrow's opportunities related to expanding access, including lack of consistently timely health care services, struggle to provide person-centered care, and affordability of services. Ms. Kemper stated that HIT and HIE are not independent solutions to these problems, but rather serve as the tools that will help the District establish a foundation for the near-term and long-term activities to expand access.</p> <p>Ms. Kemper discussed challenges and opportunities related to improving quality. HIT and HIE will enable improvement and optimization of data quality and in the longer term will help make quality measures more actionable for DHCF. Ms. Kemper stated that activities may overlap between principles. Ms. Kemper also discussed challenges and opportunities related to promoting health equity. HIT and HIE will enable the District to populate registries and facilitate resident consent for HIE. HIT tools will enhance value and efficiency by enabling exchange of information more readily and in the long-term help us advance quality measure transparency. The Board recommended that the SMHP, particularly the roadmap, include the value proposition of HIE for patients and HIT/E data security.</p> <p>The Board discussed the collection and transmission of SDOH data. The Board discussed the use of the PRAPARE tool, which has been built into four EHR systems and is used by multiple clinics in the District. The Board discussed the potential need to develop a protocol for exchanging SDOH data. Dr. Groves discussed community perspectives on SDOH and provider discussions regarding SDOH through the DC PACT. The DC PACT group has been working to identify the most important areas impacting on SDOH in the District and how to best collect this data using a standardized approach. DC PACT has decided to focus on housing, behavioral health, and income/security (i.e. food insecurity, transportation, health literacy, education, and employment).</p> <p>Ms. Samarth and Ms. Kemper reviewed the approach to developing the DC HIE Roadmap. The Roadmap focuses on expanding access and exchange, care transitions, exchange and use of basic analytics, use of advanced analytics, and value based purchasing. The purpose of roadmap is to lay out DHCF's 5-year vision for Health IT in the District.</p> <p><b><u>Goals for 9/21 HIE Policy Board Meeting</u></b></p> <p>Ms. Kemper reminded the Board that the focus of the September HIEPB meeting will be to discuss FY18 planning and activities, which will focus on shifting from supporting exchange and access to supporting care transitions. The meeting will include discussions on transitions of care use cases as well as data quality and population health use cases. The Board will be asked to help inform IAPD requests. Ms. Kemper notified the Board that they would receive a draft of the SMHP on September 14, which is one week in advance of the meeting. Clinovations GovHealth will be holding office hours to provide Board members with the opportunity to share feedback one-on-one with the SMHP team.</p>
<p><b><u>Public Comment</u></b> [12:45-12:55 PM]</p>	<p>There were no comments from the public during the public comment portion of the meeting.</p>

<p><b><u>Next Steps &amp; Adjournment</u></b> [12:55 - 1:00 PM]</p>	<p><b>Board Action:</b> Motion was made by Dr. Holve to adjourn the meeting. The motion was seconded by Ms. Rein. The motion was passed unanimously.</p> <p>Dr. Holve adjourned the meeting at 1:01 PM.</p>
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